



City of Newport News  
Employees' Retirement and Benefits Office  
2400 Washington Avenue  
Newport News, VA 23607

## Short and Long Term Disability Enrollment Form

Employee Name:	
SSN/EID:	
Date of Birth:	
Date of Hire:	
Department:	
Salary:	

### Short Term Disability

I choose to:	<input type="checkbox"/> Participate <input type="checkbox"/> Decline Participation
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### Additional Long Term Disability

I choose to:	<input type="checkbox"/> Participate <input type="checkbox"/> Decline Participation
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I understand that as a newly hired employee, I have 31 days from my new hire date to elect Short and/or Additional Long Term Disability. I also understand that Open Enrollment is the only time to make changes to my Short and/or Additional Long Term Disability as a regular employee.

If you are not in active service on the date your coverage would otherwise take effect, you will be covered on the date you return to active service.

**Pre-Existing Condition Limitation:** Pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 6 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.

Signature	Date
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